

THE MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

EDITED by J. B. BIDDLE, M. D. and M. CLYMER, M. D.

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ARTHRITIS, OR GOUT.

By N. CHAPMAN, M. D., *Professor of the Theory and Practice of Physic, in the University of Pennsylvania.*

(Continued from page 76.)

Gout is sometimes so faintly or ambiguously exhibited in its regular or articular form, as not to be readily recognized. It may be mistaken for any phlogosis or irritation of a joint, and can only be discriminated by a careful perquisition into the case. Not a little may be learned from the precursory symptoms—sometimes from the existing appearances, and particularly from the affection being permanent or otherwise. Gout is nearly always changeable, while the irritative lesions, with the exception of the rheumatic, are the reverse, or fixed till their subsidence.

It is rheumatism, under all circumstances, which bears the closest affinity to it. But when we come to the history of that disease, we shall find they vary so materially, that they need not be confounded.

The leading particulars in which they differ, I shall only mention. Gout belongs chiefly to the higher class of society, is the result of a series of habits which vitiates the nutritive processes, or is received as an inheritance without sometimes any obvious excitements, and once occurring, is apt to be repeated throughout life at certain intervals. On the contrary, rheumatism is met with as exclusively among labouring people, and seems to have as an only cause, the influence of cold in some mode of application. The former is pretty uniformly preceded by derangement of health, and the latter not, and is wanting in the same liability to stated recurrences. The common seat of the one is in the smaller, and of the other in the larger joints, and though in each instance, swelling takes place with great suffering, these incidents are not identical; gouty inflammation being far more bright, florid, and polished, with a greater tendency to edema, and the pain is peculiarly gnawing and lacerating. The distinction, however, on which most reliance may be reposed, is, that gout always originates internally, and rheumatism very seldom. There is however a compound form of the disease exceedingly perplexing, induced by rheumatism falling on joints, previously weakened by arthritic

attacks, causing what might be properly called rheumatic gout.

In its regular form, gout is rarely, or perhaps never immediately fatal. As I have said, its tendencies indeed are mostly salutary, clearing away other affections and re-establishing, for a time, the order of health. Death occurring from it, some important vital part becomes affected, or the constitution is gradually undermined, and some one of various affection, as its consequence, is induced, ending mortally.

Concerning the issue of an attack, therefore, it may be presumed, that it will be favourable, when the constitution is sound, particularly the viscera, and when the disease, entirely quitting the interior, becomes immoveably fastened on the extremities. Convalescence is denoted by the tongue becoming clean, with a return of appetite, the stools more natural, lateritious deposits in the urine, the skin relaxed, and with these, a subsidence of vascular and nervous irritations, and of the local intumescence and inflammation.

The adverse circumstances are, of course, pretty much the contrary,—as a decayed system, weakness of the primæ viæ, or an imperfect translation of the disease outwardly, or fluctuation in the seat of it, or proneness to recede from the joints to the internal organs, attended by irritative fever, and much nervous and mental inquietude.

The anatomical characters in gout might be inferred with some accuracy, from the preceding account. Death seldom taking place in the acute stage of it, except by a metastasis to vital organs, by which the joint is relieved, of course, we know little of the articular appearances. In the more recent attacks, however, inflammation with a peculiar albuminous sort of exudation, or serous effusions, has been noticed in the joints. Chronic cases present every variety of structural lesion. The synovial membrane is essentially altered, the bursæ mucosæ enlarged, and indurated, the cartilages absorbed, the exposed surfaces of bone smooth and polished, or where such destruction has not occurred, a firm ankylosis, wasting of the ligaments, or the reverse, thickening of them, and throughout the articulation, deposits of earthy or saline matter, generally the uvate of soda. As regards the internal lesions, it may be enough to state, that the stomach and bowels, the liver, lungs, heart and brain, are occasionally met with in various degrees of inflammation only, or of disorganization.

It is not necessary that I should enter, to any extent, into the controversy which has so long prevailed, relative to the pathology of this disease. Till the time of Cullen, who satisfactorily refuted the hypothesis, it was, with scarcely an exception, regarded as originating in some morbid condition of the blood, by which a humour, an acid, or an alkali, or some acrid salt was generated, and dropped into the affected part. The very term *gout*, as we have seen, expresses such a notion. These suggestions of a crude pathology are so completely set aside, that I shall dismiss them without further remark.

My own conviction is, that it is primarily an affection of the digestive organs, and intimately connected with Lithiasis, or the calculous complaints generally.

Both diseases are induced by a train of similar causes, and are prevented or palliated by similar means. It has also been shown, by the analyses of the ablest chemists, that the calculous concretions in the kidney or bladder, and those which form in the joints, called *chalkstone*, are, sometimes, identical, being mostly urates of soda. Not unlikely, the same diathesis is common to the two diseases, and the product of it may be thrown off by the kidneys, or the skin; in confirmation of which, we learn that the urine and perspiration in each case, have an excess of acid, the uric or phosphoric, most generally. These emunctories not adequately performing their offices in this respect, an accumulation of the acid results, and calculous formations take place in the kidneys, bladder, or articulations, or in each, as may happen. The latter, however, is a rare event.

Generally, the kidneys and skin are vicarious in their operations, and where the powers of the one fail, those of the other are correspondently invigorated. Let it not, however, be supposed, from the views here presented, that any countenance is lent to the notion formerly alluded to, of the dependence of the gouty paroxysm on such deposits in the joint. These must be deemed the effect, not the cause of the disease, which is shown to be true, independently of other consideration, by the fact, that they occur at the close, not at the commencement of an attack, and for the most part, are altogether wanting.

As previously intimated, gout has its origin in a vitiation of the digestive organs, and whatever subsequently arises, is to be traced up and assigned to this starting point, as the "*fons et origo mali*." Thus the local affection of the joints, as well as the excitation and fulness of the vascular system, so frequently the concomitants on gout, as to be considered by some, as really constituting the disease itself, I hold to be merely secondary and subordinate. Of the precise nature of this primary lesion we are imperfectly informed. The advocates of the hypothesis have, with a single exception, offered no explanations of it. Broussais, to whom I now allude, in conformity with his dominant propensity to generalize, declares it to be an inflammation of the gastro-enteric mucous surface, to which indeed, he seems to impute all things. That such a condition sometimes ultimately takes place, we are not permitted to doubt, though it is equally true, that more frequently it is merely a functional derangement, ever analogous

in its leading features to the genuine forms of dyspepsia. Brown indeed calls it, "the indigestion of the luxurious." It is hence very probable, that in common with the dyspeptic affection, the inception of gout is to be referred to the centre of the ganglionic nerves, and which disturbance exercises a very material influence over the case throughout its whole career. Looking at the causes of the disease, the phenomena of its rise and progress, and in some respects, the method of cure, the conclusion can scarcely be resisted.

On the extremities becoming affected, the internal irritation is mostly relieved, and as happens in the exanthemata, such is the natural process of cure. This opinion differs from that of some of the modern pathologists, who maintain, that the topical affection is primary, leading to constitutional derangement, or that, as is thought by others, it is merely a symptom, excited and kept up by the persistence of the irritation in the internal tissues. These hypotheses, partially applied, are correct. Denying the originality of the local lesion, it is yet not unreasonable to suppose, that it may operate to the aggravation of the general disturbance of the system, and it is more apparent, that there are cases of an occasional occurrence, where the disease, still lingering in a degree in its primary position, may have the effect imputed to it. Conceding this, my views remain uninvalidated as having reference only to those instances of the disease, where the metastasis is complete.

The seat of the local affection being among the parts directly subservient to the articulation of the joints, it has many of the characteristics of the inflammation of the fibrous textures. Whatever may be its violence, genuine arthritic action, strictly confined to these textures, never ends as common phlogosis, in the effusion of serum or lymph, or the secretion of pus. These taking place, the inflammation has invaded other tissues, the surrounding cellular, or the serous synovial membranes. Its proper terminations are such as previously noticed. Yet it must be confessed, that there are very striking singularities in gouty action, and that the whole subject is not without obscurity. Located in precisely the same parts as rheumatism, and various other inflammatory affections, it is so far from having an identity with them, that usually it may be at once discriminated. As an attempt merely at an explanation of these differences, I shall offer the conjecture, that the idiosyncrasy in question is owing to the peculiarity of the causes of gout, it being determined that in the modification of morbid action, the cause of it has less influence, than the structure which it may occupy. Not satisfied, however, with this exegetical suggestion, it has been advanced, that the whole affection is purely a neuritis or neuralgia. That the nerves may be implicated in it, in common with all other phlogoses, I have shown to be probable, though to refer the entire case to such a state, were surely a very hasty conclusion from a very superficial examination, warranted neither by the prominent symptoms, the phenomena on dissection, nor the mode of cure. But more of this, when we come to rheumatism.

Consulting most of the writers on the subject, it will be perceived, that little is prescribed in the pa-

roxysm of this disease, and that it has become too much the practice every where, to let it spontaneously expend itself. To envelop the limb in flannel, and to urge a patient endurance of the pain and confinement, constitute, indeed, proverbially, what is mostly done in podagra. That a system so inert, could only have arisen from the want of confidence in the known remedies, or to a conviction of the injurious effects of intermeddling at all with the case, is apparent. As long ago as the time of Ovid, and from the same causes, such an opinion seems to have been entertained. The poet at least declares:

"Tollere nodosam nescit medicina podagram."

Experience, however, has taught me, that much can be effected in the paroxysm, and that we are called upon to use remedies as unhesitatingly in it, as in any other acute inflammatory affection. To this state of the disease, I am, in the first place, to address my remarks.

Of all the means, which I have ever tried, the most decidedly efficacious is active purging. This is a very ancient practice, having prevailed with no interruption, from the earliest times, till it was prohibited by Sydenham, on purely theoretical grounds, it being, he observed, an invariable law of nature, that the peccant matter of the disease should be thrown out by the extremities, emetics and cathartics will have no other effect than that of counteracting this design.

Need I observe, that the example of Sydenham in this case, has been highly pernicious, having led to the desertion of a practice which, if judiciously applied, is safe, and particularly calculated to overcome this most distressing disease.

I have before stated, that gout is intimately connected with depraved conditions of the alimentary canal. Whether this opinion be correct or not, it may be confidently affirmed, that the practice it dictates is sound, and fully warranted.

For upwards of thirty years, I have habitually employed purgatives in the paroxysms of gout, and with unequivocal advantage. Not content with simply opening the bowels, I completely evacuate by purging the entire alimentary canal. This being accomplished, the distressing sensations of the stomach are usually removed; the pain and inflammation of the limb gradually subside, and the paroxysm, thus broken, speedily passes away. To effect these purposes, however, it is often necessary to recur to the remedy repeatedly. As to the particular purgative, this will depend on circumstances. Considerable depravation existing in the chylopoietic viscera, I prefer a dose of calomel, or the blue pill, to be hastened in its operation by magnesia, alone, or with Epsom salts. The mercurial purge is seldom again required, and the bowels may be kept freely open by any of the milder laxatives. Generally, however, the most effectual of this class of articles, and especially with a view to the immediate reduction of the topical phlogosis and pain, is the following mixture, a table spoonful of which should be given every hour, till it purges copiously.

R	Magnes. Calc.	3i
	Sulph. Magnes.	3ij
	Vin. Sem. Colch.	℥3ss
	Aq. Cinnam.	℥3iij
		f. sol.

Eminently beneficial as an evacuant undoubtedly, I do not think, that all its effects are ascribable to this mode of operation. Colchicum has a peculiar property to which some of the credit must be assigned. Given alone, it is less serviceable, and, hence, we are to seek in a combined influence, for the salutary tendencies of the mixture.

My practice with regard to purging in gout, differing materially from the prevalent one, it may, perhaps, be expected, or at least desired, that I should justify it on other grounds than my own declaration of its efficacy. To its defence I can bring both reason and authority.

Granting the disease to be preceded or accompanied with those symptoms of depraved stomach and bowels, which I have noticed, no one can doubt for a single moment of the propriety of resorting to the use of purging. There is here, indeed, that group of affections, which the common observation of practitioners has taught is most readily removed by the thorough evacuation of the alimentary canal.

Why we should adopt a different course in gout, and refuse the remedies we have found so efficacious under nearly similar circumstances, in other diseases, is a question which, I suspect, cannot be very satisfactorily answered. It may be further urged, in support of the purgative plan, that, conformably to a very general observation, the paroxysm is always abated, if not removed, by the coming on of diarrhœa, or dysentery, or cholera morbus. This interesting fact did not escape the notice of Hippocrates, who tells us, that the disease is never cured, where the bowels are *constipated*, except by the providential occurrence of a dysentery, by which he seems to mean any spontaneous purging, and further states, that he had witnessed the best effects from the profuse discharges, which he emphatically calls a "melting down of the bowels." It is also recorded by Musgrove, one of the earliest and best of the professed writers on gout, that "during the paroxysm" a diarrhœa often takes place, which carries off the tumefaction and pain. "Cures effected in this way," he remarks, "have the advantage, that they do not return for a long time afterwards."

The confession, on this subject, of Sydenham himself, is exceedingly curious. Treating of gout, suspended by diarrhœa, he advises, as the only means of restoring the paroxysm, which he deems very essential to health, to give certain medicines to check the discharge from the bowels, which, he says, when completely stopped, the gout comes "thundering back on the extremities."

Nothing can be more conclusive, at least, of the efficacy of diarrhœa, in removing the arthritic paroxysm, than this acknowledgment.

It has already been said, that the treatment of gout by purgatives is not a new practice. My time, however, will not allow me at present, to offer to you, in detail, a retrospective history of what has been done in this way. It may, perhaps, be sufficient to state, what I have before done in some degree, that, commencing with Hippocrates, the practice continued till it was put down by the proscription of Sydenham.

During this long period, it was pursued successfully, by the physicians of Greece, of Rome, of Arabia, and of modern Europe, after the revival of letters. The whole of them concur in the propriety

of the practice, and some, in speaking of its success, use, if not the language of enthusiasm, certainly the tone of entire confidence.

Nor is it unworthy of recollection, that the purging in these cases, must have been exceedingly active, as, anterior to the era when the Arabians cultivated medicine, the cathartics in use were exclusively of the most drastic kind. Nevertheless, we do not perceive in any one work which has descended to us, any of those dangerous consequences pointed out or alluded to, that have so much alarmed modern practitioners, and deterred them from the employment of purgatives.

Great, however, as was the homage paid to the opinion of Sydenham, it did not prevent occasional dissents from it. In turning over some of the treatises on this disease, in reference to the present inquiry, I was surprised to find how many writers there are, who, contemning his authority, had adopted the ancient practice. Thus Cheyne acquaints us, that in his time, "some eminent physicians had so little regard for the opinion of Sydenham in this matter, that, in the fit of the gout itself, they never scrupled to *drive it off*, both in themselves and others, by *strong, quick, and active purges*."

Even Sydenham himself, admits, notwithstanding all his theoretical prejudices, that, during the operation of purgatives, the patient feels no pain, or at least very little, and that if the cathartics were kept up for several days, he would most probably be cured.

It is, moreover, an interesting circumstance, and one which strikingly illustrates the propriety of the course for which I am contending, that almost all the remedies of any reputation, whether they be the preparations of regular bred physicians, or of empirics, act powerfully on the bowels, and contain for the most part, as a basis, the hermodactylus or extract of scammony.

It appears, especially, that during the prosecution of the experiments which were so abundantly made in Europe, with different substances, for the purpose of detecting the leading ingredients of the *Eau Medicinale*, an article of which I am subsequently to speak, by a resemblance in effects, that several of the more drastic cathartics, as the *Elaeterium* and white hellebore, proved of service in gout. These, confessedly among the most harsh and violent of all our purgatives, are represented as having evinced such considerable powers in certain cases, as very generally to be considered at the time, as the chief constituents in the French nostrum. It further appears, that formerly, the Gamboge, a purge most violently distressing to the bowels, had acquired so much repute, that on this account, the title of "*gutta ad podagram*," was conferred upon it.

(To be continued.)

An Account of a Successful Operation for Erectile Tumour after the manner of Lallemand.

By J. PANCOAST, M. D., Lecturer on Anatomy, &c., Surgeon to the Philadelphia Hospital, &c.
DRS. BIDDLE and CLYMER.

Gentlemen: In the Archives Generales, for

1835, Professor Lallemand, of Montpellier, has reported several cases of Erectile tumour, successfully treated by a new method.

One was a case of Erectile tumour, involving the gums and alveoli of the lower jaw, in a child, which he removed much in the same manner as Bell's method for the cure of Epulis, with the knife, mallet, chisel, and trephine; arresting the hemorrhage with the actual cautery, the wounds of the soft parts being brought together with the twisted suture and bandages. In a second case of elongated erectile tumour of the upper lip and edges of the nostrils, he excised a triangular portion from the lip, and brought the parts together with the twisted suture.

In a third case of erectile tumour of the cheek, two inches long, and one and a half broad, he effected a cure by an incision, through the long axis of the tumour, bringing the edges together, with four needles, surrounded by numerous coils of thread, as in the common operation for hare lip. Much inflammation, pain, and swelling followed in all these, spreading from the tracts of the needles, into the whole mass of the tumour, effacing its cells, and converting it into a sort of fibro-cartilage, with a white, smooth, shining surface, like the cicatrix resulting from a burn. A fourth case of erectile tumour of the shoulder, three inches long, and two broad, he treated by acupuncture, without incision, trusting to the inflammation developed along the tracts of the needles to effect a cure. He passed 12 needles at a time, through one portion of the tumour, covering the space between the needles with many turns of a waxed thread. Three days after, he treated another portion of the tumour in the same manner, leaving the needles in for about eight days, till an "agglutinative inflammation" had been fairly excited.

The treatment of this case continued for nearly three months, during which period one hundred and twenty needles had been successively passed through different portions of the tumour, without the loss of a single tea spoonful of blood, and without the general health of the patient suffering for more than three or four days in all.

The result of this case convinced M. Lallemand that the incision and excision in the two preceding cases were unnecessary, and determined him subsequently to trust to acupuncture alone, to effect a cure.

In May, 1837, I was called to see a female infant of Mr. K. in Union street, seven months old. It had an erectile tumour on the back, just below the right scapula, two and three quarter inches long, and two broad, about three fourths of an inch thick, involving the skin and subcutaneous cellular tissue, and forming a very red prominent tumour on the back. The tumour had made its appearance, as a small red spot, shortly after the birth of the child and was enlarging rapidly. The infant was weak and delicate, so much so as to render it very probable that it would sink under the common operation of extirpating the tumour, either with the ligature or the knife.

May 23, 1837. Assisted by Dr. J. Randolph, I introduced twelve acupuncture needles through the tumour; eight of these were passed through the base of the tumour, in its short diameter; and four

at right angles, over the others in the direction of its long axis. I threw several turns of a waxed thread loosely over each needle, and several turns more loosely still, under the points and base of the needles; I bent a strap of adhesive plaster nicked at its outer border, around the tumour, to keep the needles from irritating the sound skin. I laid thick compresses on each side of the tumour to protect it from pressure, and surrounded the whole with a bandage. The patient appeared to suffer scarcely any inconvenience from the needles till the eighth day, when she became fretful; on the ninth, the bandage was undone and the needles were withdrawn. Scarcely a drop of blood had as yet been lost. Suppuration had taken place along the tracts of the needles—and the threads covering each needle, and those surrounding the base of the tumour had caused a little superficial ulceration. Simple dressings were first applied, changed a few days after for mild Basilicon ointment, to promote the suppurating discharge. No other needles were introduced, and in three months from the time of the operation, the tumour had lost all its redness, with the exception of a few points, had greatly diminished in size and thickness, was semi-fibro-cartilaginous to the touch, and had a polished shining surface like the cicatrix of a burn. I proposed to remove the remaining red points with lunar caustic, but the parents of the child preferred waiting to see if they were disposed to enlarge. They remain at the present moment, without having undergone any enlargement. During the cure of the tumour the health of the child was not in the least impaired by the treatment. This case, and one reported by my friend Dr. Coates, as under treatment, in the Examiner, are the only instances that have come to my knowledge, in which Lallemand's ingenious operation has been practised in this country.

The idea of curing erectile tumours, by effacing the cells by "agglutinative inflammation," is not original with Lallemand, but the method only is his of producing it by acupuncture. I have repeatedly, and so have several others in the city, cured small *superficial* erectile tumours, by vaccination over the surface.

The mere injection of the cellular structure of an erectile tumour, with an irritating fluid, (by insinuating a tube through the skin, which I found easy to accomplish in the dead body,) would necessarily produce this agglutinative inflammation, and I think effect a cure with less inconvenience even than the use of the needles. I intend to give this plan a trial on the first occasion.

Yours, &c.

J. PANCOAST.

Philadelphia, March 3, 1838.

THE MEDICAL EXAMINER.

PHILADELPHIA.

Wednesday, March 14, 1838.

We insert the following note from Dr. Harlan, in which he simply expresses his unwillingness to pursue the controversy with Professor Gibson,

through the medium of our journal. Here, as far as we are concerned, the matter very properly ends.

Philadelphia, February 28th, 1838.

To the Editors of the Medical Examiner.

GENTLEMEN:

In the fifth number of your journal, just received, I find appended to your report of my lecture, delivered at the Philadelphia Hospital, on the 3d inst. some remarks of Dr. Gibson's, which I consider of too personal a nature. My animadversions on Dr. G.'s lecture were confined, as much as possible, to the operation, and not extended to the operator. My name having been mentioned to the class by Dr. G., as opposed to the operation, and my reasons having been withheld, it became my duty, on this account alone, to communicate the grounds of my opinion to the class—independently of the important principle, involved in the discussion.

I shall, of course, not desire the use of your journal, for the purpose of answering Dr. G.'s personalities, but intend, in a few days, to take occasion to set the matter right, in the eyes of the public, in a manner, I trust, to his perfect conviction, if not to his entire satisfaction.

I have the honor to be, very respectfully,

Your obedient servant,

R. HARLAN.

CLINICAL LECTURES.

PHILADELPHIA HOSPITAL.

EPILEPSY.

Saturday, 10th February. DR. JACKSON commenced: Epilepsy, gentlemen, is one of the most formidable affections, which you will be called upon to treat; and you will find few, in which all the resources of your art will so frequently fail. It has been looked upon in this light, from the earliest period. The ancients had so little control over it, that they designated it by a term signifying the malice of the demon. Hippocrates continued the title *morbus sacer*, or the sacred disease, though he combated the superstitions from which it was derived. Various other terms have been applied to it. By the Romans, it was called *morbus comitialis*, from the fact that its victims were often struck down with it in the forum, probably owing to the excitement arising out of public discussions, and political warmth.

Many illustrious and eminent characters of ancient and modern times have been subject to this infirmity. Julius Cæsar* was an epileptic sufferer: it is very certain, therefore, that it is a disease, which does not necessarily interfere with a high development and exercise of the intellectual faculties. On the contrary, this very exercise of them is often productive of the disease. Perhaps the most distinguished pulpit orator this country has produced, Buckminster, fell a victim to repeated

* *Casca.* He fell down in the market place, and foamed at the mouth, and was speechless.

Brutus. 'Tis very like: he hath the falling sickness.

Julius Cæsar. Act 1st, scene 2d.

attacks of this affection, brought on by intense mental application. On the other hand, fatuity is not an unfrequent attendant upon epilepsy, as you will have occasion to notice, in numerous specimens of the disease, that will shortly be presented to you.

Epilepsy is vulgarly called the falling sickness, from the circumstance of the patient's falling suddenly to the ground, upon an attack of it. From this cause, they are liable to numerous accidents; in several in this house, that will be brought before you, you will see traces of the effects of fire, and other injuries.

Epilepsy is a convulsive affection, attended with loss of consciousness. This latter feature I am anxious to impress particularly upon your attention, as it is not considered by some writers, among them Vogel, Sauvages, and even Cullen, as essentially characteristic of the disorder. For my part, I never saw a case, certainly never in this house, in which it was wanting. The symptoms of epilepsy then I consider to be, convulsive movements, with loss of consciousness and of the intellectual faculties. As the loss of the powers of motion in palsy depends upon pressure acting upon the thalamus and corpus striatum, so I think we have evidence from the convulsions of epilepsy, combined with loss of consciousness, that in it, the cerebral structure must be involved. But the convulsions I do not look upon as the most important symptom; that I consider to be the loss of the intellectual faculties—the muscular symptoms being the first to pass off, and frequently very slight. In some cases, the muscular convulsions and loss of the faculties are followed by complete coma. The suspension of the intellectual faculties, and the convulsive movements are evidently the effects of sudden and violent disorder in the cerebral circulation. There is, it appears to me, a raptus of the capillary circulation, terminating in a congestion, more or less intense, of the brain. This is usually well marked, the face swelling up, and becoming turgid, and almost purple, affording striking evidence of determination of blood to the head. Occasionally, so forcible is this raptus, that ecchymosis occurs from effusion of the blood out of its vessels. This fact, it strikes me, is strong evidence, that the movement is attended with force, is one of activity, and that the accumulation of blood, as has been conjectured, is passive and secondary. I had an illustration of this fact, in the case of a gentleman, who was under my care some years ago, in whom the disease suddenly showed itself. Attention was first called to him, by his family being struck with the appearance of petechiæ, or livid spots upon his face. A doctor was sent for, who pronounced it a mere affection of the skin, which would disappear spontaneously, as in fact it did; but, in a week or two, it came back again; and this continued to be repeated for some months, without a suspicion of its cause, or of the true nature of the disease. A young man, for some accidental reason, happened to sleep in the same bed with him, and was awakened in the night, from his agitation in a convulsion. It was then ascertained, that the periodical appearance of spots on the face proceeded from attacks of epilepsy in the night, of which the patient was unconscious.

The patient, in this affection, is totally uncon-

scious of the existence of an attack. He rouses up gradually from a state of profound somnolency, with an expression of astonishment upon his countenance, with simply an unusual feeling of soreness, from the great muscular exertion which he has undergone. This, to an epileptic, is the principal indication that he has had an attack.

The attack varies in character. Sometimes the patient falls suddenly down, without any previous admonition. At other times, he is able to anticipate the approach of the complaint. Most frequently it is preceded, by an uncomfortable sensation about the head, as vertigo, dimness of sight, &c. Again, the warning may take place in the abdominal viscera, which is ordinarily indicated by a sensation about the region of the stomach, gradually moving upwards to the head. Often, however, the patient has no consciousness of his approaching fate; he suddenly cries out and falls prostrate to the ground.

The symptoms of an attack are not always of this extreme intensity. Sometimes they are so mild that you can hardly call them epilepsy, though I think they still belong to this class of affections. They are often exceedingly local in their character. A gentleman of the medical class, some years ago, was affected in this manner. He had been recommended to study medicine, as a mode of getting rid of the disorder, which, by the way, was a very ill-judged recommendation. He would at times in conversation, suddenly repeat over some unconnected words, or an oath, or he would sing a little, being all the while in a state of total unconsciousness of what he was doing, and then resume the thread of his discourse, ignorant, unless informed of it, that any thing had occurred.

The disease was limited to the production of the above symptoms, except on one occasion, when he imprudently fatigued himself with exertion, and ate a large quantity of nuts, (a quart.) He then had a complete epileptic convulsion. This accident indicated the true character of the disease.

Another case, in which the disease showed itself in this slight local form, was that of a gentleman, who had a daughter also labouring under the disease of a most strongly marked character. I have often seen this gentleman stop, while in conversation, and repeat his words; sometimes he would merely move his lips without articulating, and then resume his discourse, without being conscious of what had happened.

I have met with one case that appeared to me, if it may be so called, epilepsy affecting the spinal marrow. The general character of the symptoms evidently connect it with epilepsy. This case was that of a boy, seven or eight years of age, who laboured under monthly attacks, of a form which I shall presently describe, brought on by an obstinate intermittent fever, when an infant. Epilepsy supervened, and had continued.

These attacks were also of an intermittent character; indeed, I might here mention that the disease always takes on a type more or less intermittent.

The paroxysms would continue to recur for three days, and often amounted to twenty or thirty, in the twenty-four hours. At the end of three days, they disappeared, until the expiration of a month,

when they would be again renewed. In all other respects his health was perfect. He was seized every month, without any loss of consciousness, however, with spasms, affecting all the muscles of the trunk and extremities, proceeding of course from an affection of the spinal marrow. It was a case of cramps, more than of convulsions. They were attended, as all cramps are, with violent pains.

This boy is now fourteen years of age, and with the appearance of puberty, the affection is disappearing. I cannot well rank this affection any where in a system of pathology. It is not epilepsy, because the brain is not affected, nor can it be called tetanus. I think I may perhaps with propriety, designate it epilepsy of the spinal marrow.

After this general outline of the symptoms and character of the disease, I will now introduce to your notice some cases of patients who are labouring under it. I will only add previously, that the most common period for it to show itself is childhood, and that it is more apt to attack the female than the male sex.

This girl is twenty-two years of age, and enjoys general good health. You notice the vacant expression of her countenance. There is idiotism combined with epilepsy: this is not unfrequent. She menstruates irregularly; the menstrual function was not established, till three years since; the secretion is now scanty, but the discharge occurs more or less every month. Epileptic fits first appeared seven years ago, when she was fifteen years of age; up to that time, she had been quite well. At first, they were periodical, recurring every three weeks; subsequently, after the menstrual evacuation was established, they became more and more frequent. At present, epileptic paroxysms precede and accompany the menstrual period. The patient is sensible of the approach of the fits, by the sensation of a bright light before the left eye which precedes the attack: during the attack, she is insensible. All the functions are performed with regularity except the menstrual. The girl has never received any external injury. You learn that she has a premonition of the approach of an attack. This is often the case. The patient usually feels a rising up from the epigastrium to the head, like a flame, termed the aura epileptica. When it has reached the head, consciousness is gone. This girl tells me that her attacks correspond with changes of the moon. It has been a favourite theory with many writers, that lunar influence is felt by individuals, suffering under this and other affections. Balfour has written a work in favour of this hypothesis. I however have no sort of belief in any connection between epilepsy and changes of the moon. In this case, from the intermittent character of the affection, it occurring every three or four weeks, the attacks must correspond in many cases, with some one of the four quarters of the moon.

In this case, the appetite is normal. It is sometimes exceedingly voracious, and cases of this sort I never could cure: I believe them to be totally incurable. A regulation of the diet is a most important element, in the successful treatment of epilepsy; and, as this morbid appetite prevents any control over the diet, a cure is hopeless.

The memory in this girl is impaired. I have gathered however from her that she has dysmenor-

rhea, and menstruates with pain. I speak thus freely before her, as the faculties of her mind are impaired. Delicacy on this subject to the sex, gentlemen, should never be out of mind. The uterus then, in this case, I consider the seat of the disease, the point from which morbid action is reflected to the brain. Nutrition is, you see, not affected by the disease: this girl's flesh is firm, and her digestive powers appear to be in excellent condition. The cerebro-spinal system may be affected, without impairing the constitution; and you see how the life of nutrition is independent of the brain itself.

Here is another case, an old inmate of this house, a girl aged 26, of very obtuse intelligence; although you see she recollects my face and name. Notwithstanding this great pallor of countenance, which you notice, she enjoys pretty good general health. She menstruates regularly though with some slight pain. The first fit of the disease occurred at the age of eighteen. She was attacked suddenly whilst engaged at her ordinary occupation, and does not recollect that she had any pain in the head or unpleasant feelings about that time: she says she understands that she had not. At first the fits occurred almost daily. Her attacks now are usually preceded at night by fulness of the head, and a state of insensibility, attended by a blackened turgid face, but without convulsive movements: these are succeeded the next morning by regular fits of epilepsy, to the number of fifteen, during the twenty-four hours. Now these previous nightly premonitory attacks were called fainting-fits, but they are quite the contrary. Fainting takes place from want of action in the heart; the blood does *not* go to the brain, and you have feeble pulse and respiration and *pallid face*. Whereas, here, you have evident determination of blood to the head, full pulse, and quick respiration.

This third case presents an example of the voracious appetite of which I spoke. She is twenty years of age, and has been subject to the disease from the age of five. Her mental imbecility is very great. Menstruation regular. The paroxysms are of daily occurrence; during them, her face becomes exceedingly flushed, and she froths at the mouth. Some time ago, she says, she felt queer when the fit was coming on, but she has now no admonition of its approach.

Here is another case, in which the disease is of seventeen years standing, and showed itself first when the woman was between sixteen and seventeen years of age. It has proved very intractable, every description of treatment having failed to make an impression upon it. The intelligence, however, as you perceive remains very perfect. The paroxysms are preceded by dysmenorrhea, which gives the affection an uterine type.

Here is a case, the general character of which does not differ from the others, which have been under your notice, except that the disease first appeared after an attack of scarlatina, in which the head was much affected. The girl is sixteen years of age, and has never menstruated. You see the total imbecility of her mind; her memory is gone. The nurse tells us, that the attack of scarlatina occurred five years since, and that her mind was perfect before. The paroxysms of epilepsy are now becoming more frequent, occurring almost daily.

They come on now at night, although formerly she had them in the day time. When on the history of the disease, I should have mentioned, that many individuals have the fits only at night, and never during the day, the only manifestation of the occurrence of the attack, being a soreness in the muscles next morning.

You have next before you a man, aged forty-seven years, in whom the disease has existed for thirteen years, caused by a blow on the head from the fall of a tree. Several pieces of bone were taken out at the time, and the wound had nearly healed, when he had the first paroxysm of epilepsy, about three months after the injury. At first the paroxysms were very severe: he thinks they now grow lighter. They were more severe when he was in the habit of taking his dram. He says they are now brought on by his "taking cold," and that he never has them when his health is perfectly regular. You see then that the disease is clearly here under the influence of exciting causes. The last paroxysm the man had was about three months ago. His memory is much impaired, as to events which have transpired since the injury; but he can recollect well whatever took place before.

I have met with many such cases as this, in which the memory totally failed in events subsequent to the appearance of the disease, although it retained perfectly facts antecedent to this epoch. I had some years ago a boy from Virginia under my care, a strong, vigorous lad, in whom epilepsy had been brought on from excessive mental application. He was a very ambitious little fellow, always striving to be at the head of his class, and his tutor, instead of repressing, injudiciously urged on his efforts. His recollection of things that had happened previous to his attack was perfect, and of all that he had learned, but he was incapable of acquiring or retaining an idea subsequently. I took him home to live with me, and I was never able to communicate to him a new idea. I could not even make him understand that the Virginia penny and our cent were the same coin.

I perceive that the man, of whom we were just now speaking, has a depression of the bones of his skull of a quarter of an inch. This may be the local cause of the affection. I may add, as regards this case, that the man knows when an attack is coming on, by the appearance of a black spot before his right eye, three or four minutes before he falls. He always lies down, when he finds the fit coming on, and it is never so sudden as to prevent this.

I present to you another man, aged twenty-seven, in whom the disease has existed say for ten years. It was brought about by excessive intemperance. Here then you perceive another exciting cause of the disease. You observe that in this man, the muscular movement is affected. This is by no means necessarily the case. All the others you saw walked well. On the contrary, I have generally seen considerable muscular development and muscular power in epileptic patients.

Here is a case complicated with mania, the general health being otherwise excellent, another illustration how little the functions of nutrition are affected in the diseases of the cerebral organs. I have here another case complicated with mania, in which

the disease has existed for three years. The patient was scalded in a steamboat, just before the epilepsy appeared: this may probably have had some connection with the production of it.

In this boy, whom I now show you, the paroxysm often manifests itself with simple loss of muscular power. The boy, I am told, will fall without any accompanying loss of consciousness. In some cases, there is merely a slight vertiginous movement, the patient not losing his consciousness and instantly recovering: the paroxysm is not then complete. It is a case of incomplete epilepsy.

The train of cases, which I have exhibited to you, affords a melancholy proof of the inefficiency of all the resources of art and science. Epilepsy appears to have the same incorrigible character now, as at the earliest periods.

These cases have shown a succession of exciting causes of the disease. I shall not however divide it into different species, according to the local origin that makes an impression on the brain. The essential character of the disease I hold to be a highly irritable erythematic state of the brain, which if you strike away, you have various local affections, but no longer epilepsy. By analysing the several distinct movements, which take place in the animal economy, in the affection, I think we may found a rational pathology of the disease and system of treatment. The treatment of epilepsy, as generally directed, is empirical. There is no one remedy upon which we can rely, but we must adapt our therapeutics to the features of the case. These may be as various as the causes of the disease.

By analysis, then, I think we will find three perfectly distinct features in epilepsy. The first is an irritable state of the cerebral structure—possibly an erythematic condition of the brain. This condition of the brain proceeds from various causes. It may be occasioned by some local affection of a painful or irritative character, with which the brain is ultimately brought into sympathy, or, it may be induced by a variety of exciting causes, such as excess of venereal indulgence, masturbation, exostosis of the cranium, spicula of bone or tumours upon the arachnoid. You readily see, how these latter must keep up a constant state of irritation within the cranium. The race of Indians, who flatten the head by artificial means, and force in the bone upon the brain, are said to be epileptic. Cases of exostosis, spicula, and depression of the bone are difficult of management, though I will not say they are utterly intractable. Professor Dudley recommends the trephine, in such instances, and he has been remarkably successful, in relieving some cases by this operation. Winter before last, Professor Gibson performed an operation of this sort, in this hospital, in a case, where depression existed, caused by an accident, but without beneficial result. This case appeared to me to promise a favourable opportunity for testing the influence of this proceeding: it did not even suspend the paroxysms.

The next element, which I consider a component of the disease, is, the extreme mobility of the capillary circulation, and the facility with which its regular distribution is deranged. If you prevent this, you prevent the formation of the paroxysm. The essential feature of the disease is, a sudden conges-

tion of blood on the brain, apparently produced by a raptus or rush on that organ. The symptoms that result are dependent upon the intensity of this raptus. In some cases, it is so violent, that petechial effusion of blood in the skin of the face occurs; and the attack varies from a slight loss of consciousness, and a light convulsion, succeeded by a transient sleep, to prolonged and profound coma, that will last for two or three hours.

The next and last element is, the existence of some permanent local affection, which acts as a thorn in the flesh, or point of irritation, worrying the nervous system into excitement, and producing an irritable or erythematic state of the brain. This may be, as you saw in many of the cases to-day before you, dysmenorrhea, or other uterine disease. When on the subject of neuralgia, I told you, that these might act as excitants of that disease.

Another local cause of epilepsy is intestinal irritation. The existence of worms has frequently been the exciting cause. Your remedies then are anthelmintics: you purge with turpentine or something of the kind, and cure the patient. Derangement of the stomach may also act as a local cause of irritation upon the brain. Ordinary convulsions are, you know, often produced by the functions of digestion being impaired: this sort of reflex action may take place through the medium either of the ganglionic system, or of the eighth pair of nerves. I could recall several instances of fatal convulsions from the action of indigestible food. Such a one occurred in my practice, in the case of a young child, two years of age, from a large quantity of fried eggs. It was destroyed in four days. You perceive here, that a simple article of food may produce convulsions, a violent congestion, or other disorder of the brain, from a cause that can act only on the stomach. You can understand, then, how a morbid state of the stomach, reflected upon the brain, may produce a state, productive of epileptic paroxysms. The congestive raptus, the immediate cause of the convulsion and unconsciousness takes place by a sort of *appel*, if I may use the word, upon the grand capillary circulation, which is the means of the circulatory communication between the organ locally affected and the brain.

These then, gentlemen, are my views of the pathology of epilepsy. I do not look upon it as a single disease, in which there is but one element, but as consisting of several combined elements: first, as erythematic irritability of the brain, secondly, a morbid mobility, through the action of the nervous system, of the capillary circulation by which its equal distribution is easily disturbed; and thirdly, a local affection, a point of irritation in some distant organ, which, by a reflex action upon the brain, excites and keeps up the disease. If these views are correct,—and, if you analyse the phenomena of the disease with care, I think you will find it resolves itself into the elements I have enumerated, we have at once a rational plan of treatment, based upon the different component parts of the affection. For each element, we must have a different mode of treatment. Our efforts must be directed in the first place, to get rid of the erythematic or irritable state of the brain, secondly, to give tone to the capillary system, and, thirdly, to remove the local cause of the disease.

The first thing to be done is, to place your patient upon the lightest possible diet, so as to have the stomach completely under your control. Of course alcoholic liquors, tea, coffee, and the stimulants generally are to be utterly prohibited. As a general rule, the food is to be exclusively vegetable. I have never known a case to recover, when animal food was continued. We then direct our treatment to the brain. I commence by having the hair cut short, and by a course of chronic leeching. One day, I apply a leech to one ear, then another to the temple, a third day behind the other ear, and so on. This I keep up for months: in fact, you must prepare your patient for a long period of probation, holding out no prospect of relief, before one or two years have elapsed. Cold water is to be applied to the head, two or three times every day, with at the same time, warm or stimulating foot-baths. When the patient is asleep, keep warm bricks or warm water constantly to the feet. He is besides to sleep upon a hard pillow, without a night-cap, upon a mattress and not a feather-bed. All this is to keep down cerebral excitement and prevent the flow of blood to the head. Setons at the back of the neck, or an issue on the arm, as a diverticulum, are useful. Your next object is, to give security to the capillary system. For this purpose, you must employ tonics, of which the best for your purpose are the mineral tonics. I prefer the preparations of zinc. Begin with a quarter of a grain of the sulphate of zinc and one grain of the oxide, two or three times a day, and gradually increase the sulphate to one grain. Emetics have been recommended and tartar emetic has been employed, just before the paroxysm is about to occur: if you can foresee this, this treatment may be of advantage. But I prefer to vomit with the sulphate of zinc. By persisting with the use of the metallic preparations, the capillary system gradually acquires vigour: through its means, the brain can no longer command and concentrate towards itself the circulation of the entire system. The preparations of iron are also to be employed to effect this end. You may vary them with the zinc, administering the two on alternate days. The phosphate and carbonate of iron are the best preparations. Small doses long continued are to be used. Large doses may disturb the organs. The sulphate of quinine, in small doses, used as a tonic and not as an anti-periodical, in doses of a quarter or half a grain, is likewise useful. It may be combined with the oil of turpentine, in morbid states of the stomach, accompanied with the voracious appetite of which I have spoken. Upon the whole, however, I decidedly prefer the metallic preparations.

You must never permit constipation of the bowels to take place. To obviate this, rhubarb is an excellent remedy. Avoid the drastic purgatives, which irritate the nervous system, and destroy the digestive powers, which of course is not your object. Open the bowels daily with an injection: this acts upon the lower bowels, which have less connection with the brain, than the upper portion of the intestinal canal. Some of the vegetable tonics as Gentician, Cascarilla, and the tonic anti-spasmodics as Valerian may be commonly resorted to.

The next point in the treatment is to ascertain the seat of the *local affection*. This varies exceedingly. In some instances, I have known a tubercle

upon a nerve act as an exciting cause of epilepsy. Again, I have seen it proceed from the point of the finger. Desault cured a case by cutting off the toe. In these cases, a peculiar sensation is felt, commencing at the point of irritation, and ascending apparently along the nerve, until it reaches the brain, when the paroxysm takes place. It has been named *aura epileptica*. When the aura or sensation goes up slowly from the point of origin, the paroxysm may be often arrested, by applying the tourniquet or a light ligature. Cases are on record, where a piece of glass was the excitant; by cutting it out, the disease terminated. A diseased testicle has acted in the same manner, and relief was afforded by extirpating it. Most frequently, however, some internal abdominal or pelvic visceral affection is the local exciting cause of the disease. This is particularly the case with the uterus, in the female. In the majority of the female epileptic patients, whom I have had under my care, the womb was prolapsed, or enlarged, or carcinomatous, or there was dysmenorrhea from simple nervous irritation of the organ. Unfortunately, after you have completely got rid of the uterine affection, epilepsy will sometimes continue, when the disease has been of long duration. The brain and nervous system have become so much disordered by the long continuance of the disease, that numerous light derangements of the functions are capable of exciting the paroxysms.

Cases of uterine complication, I treat with leeches to the neck of the uterus and to the vulva, cups and blisters to the sacrum, hip baths, in short with the class of remedies, adapted for the relief of dysmenorrhea and uterine irritations. There are cases, in which menstruation is unattended with actual pain, there being simply a sensation of uneasiness or of dragging. Tonics are here of service, particularly the chalybeates. But local depletion, after all, is the remedy upon which you are most to rely. I had a case in this house of a very remarkable character illustrating this view of the subject. The patient labored under maniacal paroxysms, connected with uterine derangement. She was the wife of one of the theatrical orchestral corps, who forced her to travel a week after an accouchement. This brought on first hysteria, and afterwards maniacal excitement with convulsions. These were preceded, as she told me afterwards, by the sensation of a flame of fire rising from the uterus to the brain. The occurrence of the menstrual period aggravated her symptoms. She had been treated, before I saw her, by bleeding and purgatives. I directed the application of leeches to the vulva, a day or two before the menses were expected. They were applied, and the consequence was a severe menorrhagia. I was suddenly sent for, and found her lying on the floor, almost in a state of syncope from loss of blood. A large chamber vessel was filled with blood, and a considerable quantity on the floor of her cell. The application of cold water, arrested the hemorrhage, and the results were most gratifying.

Since that period, the patient has never had another attack; she is now perfectly well, a fine looking, large, fat, healthy woman as you would wish to meet. This case is a fine illustration of the influence of a local affection in determining convul-

sive paroxysms, and of the advantage of local depletion in relieving and curing them, when dependent on inflammatory irritation. Along with the preceding treatment, leeches or cups along the vertebral column, with setons or caustic issues, according to particular circumstances, are often to be used as adjuvants. Such, gentlemen, is a systematic plan for the treatment of epilepsy, founded on the rationale of the phenomena of the disease. No doubt it will often fail, and you will feel tempted to resort to empiricism. There is an almost endless variety of empirical remedies, many of which I have tried in the course of my practice, but without beneficial results. I will enumerate some of them, as, when a systematic method fails in the treatment of any disease, we must then resort to a tentative practice or empirical remedies.

Equal parts of mustard seed, ginger, and sage, is a remedy for which great success is claimed. I have heard of one or two reputed cures from its use, but it uniformly failed in my hands. The mustard seed produces daily movements of the bowels, the sage exercises a tonic influence, and the ginger is an agreeable stimulant.

Baron Sloet, of Holland, who has great repute for his success in the treatment of epilepsy, has given the following as his remedy. It consists of one pound of the *dictamnus albus cretensis*, or white fraxinella, and of the *pulvis zedoaria* $\frac{3}{4}$ iss. There are two kinds of the *dictamnus*, one Italian and the other Cretan; Sloet says the Italian is of no use. The dose of the mixture is about two scruples, more or less, according to the case. It is given in the water of linden flowers. Four doses, in bad cases, have been given in a day, but the Zedoary is then reduced to one-half. Immense success is claimed for this prescription. I can say nothing of its value, from my own experience, as I have never been able to obtain the *dictamnus* from any of our apothecaries.

The internal use of lunar caustic as a remedy for epilepsy is now pretty nearly abandoned. I have often administered it here, and never saw it do any good. It is besides exceedingly injurious to the stomach, in the large doses recommended. It is given in doses of from four or five to ten, twenty, and even thirty grains, but I should think it very dangerous in doses of this quantity. I once carried it up to these excessive doses in an old case of epilepsy, in this establishment; shortly afterwards, while I was absent from the city, the patient died, with, it was said, symptoms of inflammation of the stomach, but no post mortem examination was made. There are many fatal cases reported as having occurred in European practice from this cause. I have told you frankly of my own mistake, from a sense of duty; for, in books, you are very seldom warned of the *bad* effects of remedies. Let me then impress it upon you that lunar caustic pushed to high doses, may destroy the mucous membrane of the stomach.

I need not run over any further this list of remedies; I suppose there are at least a thousand of them, and of the most dissimilar characters. I will only add, that, since I have adopted the plan of treating epilepsy, which I have detailed to you, I approach it, if the case be recent, with confidence. The majority of my patients, in private practice, get

well; in this house, they are, as you have seen in the history of the patients that were before you, hopeless cases of long standing, which are brought here more for an asylum in their misery, than with any hope of relief.

Saturday, 17th February.—Dr. HARLAN commenced: Gentlemen, the cases of Ophthalmia, exhibited to you at the last lecture, which are not entirely well, are progressing towards a cure. The case of emphysema has terminated fatally. I, at the time, drew your attention to the state of collapse, under which his system laboured, to the coldness of his extremities, blueness of his ears, lips, &c., and other symptoms of want of re-action, pointing to an unfavourable prognosis. His pulse never responded to the stimuli administered, and he died on the third day following the accident which fractured three of his ribs, wounding the lung and producing extensive emphysema. The appearances on dissection, were very similar to those induced in fatal cases of typhous pleurisy. There had been an attempt by nature to establish adhesive inflammation, and some lymph had been formed. The system sinking, serous effusion took place, followed soon by suffocation and death. Like the majority of cases admitted into this hospital, the constitution of this man was enfeebled by intemperate habits. Add to this the prevalence of typhus fever in the wards of the house, and the chances of a favourable termination of such a case as this, are much diminished.

I offer for your consideration to-day a class of diseases, which cannot be too often or too urgently pressed upon your serious attention. The lamentable effects on society, immediately or remotely resulting from the prevalence of LUES VENEREA are seldom duly appreciated, because seldom presenting themselves at one view. Individual suffering and ruin, social relations disrupted, disease and the seeds of death entailed upon offspring, with a thousand nameless ills, conspire to render this curse of an ill-directed or unrestrained instinct, one of the most interesting subjects of research, that can occupy the attention of the surgeon.

Notwithstanding we have good reason to suppose that the Venereal was one of the earliest diseases combated by our profession, the best authorities of our day antagonize each other in the treatment of this malady—at one time, the scrutinizing observations and vast experience of a Hunter were supposed to have settled this important point, scarcely any one doubting the *specific* operation of *mercury* in opposing the operation of the venereal virus, in almost every point. At present the mercurialists and anti-mercurialists in the profession, like the masons and anti-masons of our local politicians, actively oppose each other. Every metropolis in Europe and America furnishes exclusive votaries to either mode of practice; violent prejudices characterize both parties. The French surgeons furnish us with a commendable moderation in this respect, the best authorities having adopted a modified practice as regards the use of mercury in venereal. From their immense hospitals, devoted exclusively to the treatment of this malady, their experience is as extensive as any in the world.

Referring you to the laboured treatises, which have been and are continuing to be published on this subject, and to the University lectures on this important department of surgery, I must confine my remarks, at present, to those practical precepts, which the numerous cases in our wards will enable me to illustrate.

The effects of the inoculation of the venereal virus may be aptly enough denominated,—primary, secondary, and tertiary. The first is merely local, consisting of an ulcer on the genital organs, with or without enlargement of the upper series of the lymphatic glands of the groin. The precise appearances which indubitably characterize a chancre, are at present by no means so satisfactorily ascertained as was once supposed. The ragged edges, ash-coloured surface, and indurated base, are not received as conclusive evidence of true lues by some good authorities, by whom, the constitutional symptoms or affections are considered as alone sufficient to establish the real nature of the disease.

The secondary and tertiary, or constitutional symptoms,—which have all been denominated by some anti-mercurialists, the “Mercurial disease,” are characterized by more or less vascular derangement, by irritation, or even inflammatory fevers, inflammation, or ulceration of the fauces, inflammation and pain of the joints and bones, with nodes and caries of the latter; and, finally, by those cuticular affections, included by Hunter under the sweeping appellation of “copper coloured blotches,” which are not, however, admitted to implicate various modifications of the disease, requiring peculiar treatment.

We have no case of primary disease, sufficiently recent to demonstrate a well-characterized chancre. This is perhaps of less importance, as you must have had already an opportunity of witnessing this most common form of the malady. Passing on to the secondary form of the disease,—I think the cases before you will at once illustrate at least one very important principle, namely, that mercury can not by any means be justly accused of causing those numerous constitutional or secondary symptoms, which some authors so pertinaciously insist on. Of the numerous cases of *secondary* syphilis, now in our wards, some have supervened where mercury to a greater or less extent had been resorted to in the primary form,—and in others, where not a particle of this mineral had been taken in any form. Some of the patients have been treated by mercurialists, and others by anti-mercurialists.

I do not pretend to deny that mercury may modify when it does not suppress the action of the venereal virus, but I consider it sufficiently proved, that mercury is not necessary to the existence of numerous affections denominated secondary, whilst such affections do never occur, unless the system has been subjected to the action of venereal poison. In delicate females, in children, and in men of undoubted chastity, the system has been, in numberless instances, impregnated with mercury, and there is no instance of secondary syphilitic symptoms having been induced in such cases.

I believe that great improvement in the treatment of venereal has resulted from the discussions

on this much mooted point. Some cases doubtless occur, in which this active poison is calculated to produce the most destructive results. The loss of many a nose, of many a soft palate, and of other organs considered of still greater importance, may be justly attributed to the bold and indiscriminate use of mercury in some forms of venereal disease in certain constitutions—but again there occurs other forms of this disease under different circumstances, which are extremely inveterate, if not incurable without its aid. Let me now call your attention more particularly to the cases before you.

Saturday, February 24th.—At 10 o'clock, DR. HARLAN entered the amphitheatre and commenced: Gentlemen, at my last lecture I made some general remarks upon Syphilis; what I considered to be the most effectual and proper method of treatment, you might have inferred from my commentaries and strictures on the opinions entertained and promulgated by others. I will to-day detail to you the usual course I pursue in this disease, giving it to you without laying claim to any originality.

When a patient in private practice comes to me with venereal, within a few days after it has made its first appearance, I touch the whole surface of the ulcer with caustic potash. This produces very often a good deal of swelling in the organ, with inflammation. I now cover all up in a poultice until the slough separates; dress the sore with mercurial ointment after the slough separates, and heal it up with red-precipitate ointment. In such cases I do not use mercury internally. Where the disease has continued for any time, constitutional symptoms of more or less violence ensue. The lymphatic glands of the groin swell, and you have a tumor in that place, commonly termed a bubo. If possible, I now put the patient to bed, and confine him there for some time. This though you are not always enabled to do, in an affection where most patients deem secrecy of so much importance, and general antiphlogistic measures are pursued. Sometimes, though, the case becomes refractory, and the ulcer will not heal and becomes indolent. In such cases I resort to mercury, provided the patient has not a scrofulous constitution. I give a half or a quarter of a grain of mercury three times a day until the gums become touched.

I seldom or never in my practice have a case of secondary syphilis. I give the mercury just in sufficient quantity to touch slightly the gums and produce its constitutional effects, and in no one case do I produce profuse salivation intentionally. When I first commenced practice it was the custom in this city to make every patient suffering under venereal to spit about a quart a day. Happily this condition of things no longer exists.

I will now call your attention to the subject of the secondary symptoms, which, by the way, when they occur are of primary importance. These are, sore throat, with or without ulceration—nodes, which you know are tumors of the periosteum, disease, or caries of the bones; and the eruptions which appear in the skin. These demal affections were included by Hunter under the denomination of "copper-coloured blotches"—by modern writers

these blotches are represented as indicating several important varieties, some to be improved by the use of mercury, others in which this medicine is rather injurious—when the incrustations have been preceded either by papular or postular eruption, and an ulcer is formed beneath the scab—many of the best authorities in Europe recommend abstinence from mercury, and to resort to sarsaparilla, nitric acid, &c. together with such means as improve the general health. As a general practice I think this course a good one, but that exceptions occur, where mercurials produce a speedy improvement in this form of disease, my practice both public and private confirms.

When these "copper-coloured blotches," are attended, on the contrary, with *scaly* eruptions, and the ulcers either do not exist, or are very superficial and disposed to heal—then mercury, is supposed to be most applicable, in secondary syphilis.

The decoction of the woods is in high repute abroad in this stage of the affection. It contains as you know sarsaparilla, mezereon, guaiacum, &c. I have tried the decoction of the mezereon bark alone, and found it to answer very well. A compound decoction of sarsaparilla, much used in this house, is prepared by Mr. Marks, the Apothecary.

In some constitutions there is no disposition shown on the part of a venereal ulcer to heal. This probably arises in many cases from the fact of the constitutional forces of the individual being too weak to produce healthy granulations. The destructive process in such cases exceeds vastly the recuperative, and we have, as a consequence, the ill-conditioned, and the phagadenic ulcer; the ravages of the latter, you well know, are at times frightful. I will now show you several specimens of this form of the affection.

[Here several patients were introduced.]

In the phagadenic ulcer, mercury is not admissible; it accelerates the progress of the disease, and hastens often a fatal termination.

In bubo you should always bear in mind the necessity of saving as much skin as is practicable, and for this purpose you should discharge the pus of a suppurating bubo, by means of several small openings, and apply compresses, or linen, or sponges, with pressure sufficient to force out the matter, and produce adhesion between the skin and parts beneath—when no disposition to this adhesion is manifested, stimulating injections, or caustic, must be resorted to—when the skin bounding a venereal ulcer, is flabby, loose, and discoloured, without granulations, it must be removed by the knife or caustic.

Here is a case of hydrocele I operated upon the other day with the acupuncture needle. One needle only was used at the lecture, three more needles were introduced the next day, and allowed to remain 24 hours, and the succeeding four other needles, were similarly resorted to, and on the fifth day, the water had disappeared. What may appear strange to you that not a drop of water followed the withdrawal of the needle. Indeed the surgeon who first proposed the operation states, that only a few drops escaped occasionally in withdrawing the needles.

I will now show a few cases of an affection termed hernia humoralis, but very improperly so called. There is not the slightest affinity between hernia and this disease. The one is a protrusion of intestine, the other an inflammation and swelling of the testicle from gonorrhœa, cold, or external violence, or internal irritation. The modern term of *orchitis* from *ὄρχις*, testicle, is much more suitable.

Some persons consider the swelling of the testicle caused by metastasis of the inflammation of the urethra to the gland. This I do not consider by any means correct.

Others again consider that the inflammation in the canal is transmitted directly to the testis through the vasa deferentia. This I cannot think can be the proper explanation; why, if such is the cause, do not both testes become simultaneously affected. This rarely happens. My plan of treatment of orchitis is as follows—bleeding, purgatives, emetics, and sudorifics—in plethoric habits, rest, in a horizontal position, leeching along the cord, warm fomentations and poultices—the most severe and obstinate pain is sometimes removed by the application of a blister on the thigh, over the insertion of the triceps femoris.

Young men who are living very chaste lives, being under matrimonial engagements, are very subject to a swelling of the testes, and will often come to you very much alarmed, and tell you they are fearful they are getting hernia humoralis, at the most critical moment of their lives, assuring you at the same time of their chastity, for some years, &c. Tell them to keep out of the way of venereal excitement and take a purge. It is caused by a swelling of the tubuli seminiferi, from the contained semen. Dionis relates some curious anecdotes connected with this subject.—Vid. Dionis's Surgery.

Hernia humoralis is not necessarily connected with venereal taint. It may arise from blows, and from cold. Some persons attribute it generally to the use of astringent injections in gonorrhœa. John Hunter denied this. Sir Everard Home, Wilson, and others, entertain this opinion. I have never known it to follow the use of sulphate of zinc—this medicine I always use as an injection in gonorrhœa, even in the early stages, and my patients are never troubled either with swelled testicle or stricture. The formula I use is as follows:

R Zinci Sulph. ʒi.
Bole Armenian, ʒii.
Aquæ Simp. ℥viii.

The Balsam of Copaiva, as you well know, has long been considered as almost a specific in gonorrhœa. Some years ago, a late Professor of Materia Medica asserted the unfailing virtues of the Balsam to his class. In a few days he had upwards of fifty cases among the students. He plied them all with the balsam; but not one got any better, and he excused himself by saying there was no good Balsam in the city. It is mostly adulterated with spirits of turpentine.

Leucorrhœa is the worst disease with which civilized females are subjected, no state or age are exempt from it. Those who lead a sedentary habit are most liable to it, and it sometimes is most obstinate of cure, and produces melancholy effects on

the general health. In ordinary cases a wash of a decoction of oak-bark and alum, with the Tinct. Cantharid. internally, will suffice. More difficult cases require the internal use of powerful astringents, as p. alum, p. kino. In old cases, in aged females, or in the dissolute of the sex, inmates of this Hospital, a solution of lunar caustic, five grains to the ounce, has been used as an injection, very successfully.

With some immaterial variations, similar remarks will apply to gleet in men.

A case of stricture was exhibited—the circumstances under which a surgical operation becomes expedient was explained. A modification of Chew's instrument for a division of the stricture when situated beyond the triangular ligament, was shown and commented on—together with some general remarks on the cause, nature, and treatment of stricture of the urethra, terminating the lecture.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

Amputation of the Thigh, in a case of Fungus Hæmatodes, by J. RANDOLPH, M. D., Surgeon to the Hospital.

A mulatto woman, twenty four years of age, was admitted into the Pennsylvania Hospital, 23d October, 1837, for a tumour occupying the whole of the lower part of the right thigh. She stated, that when twelve years of age, she felt a weakness in the right knee, and that, after much exertion, it became painful, but not to such a degree as to interfere with her ordinary household occupations. Eighteen months previous to her admission into the hospital, while carrying one of her children, she fell and hurt the affected limb; since which time, it gave her constant and increasing pain, and the swelling rapidly advanced. In July last, she suffered so much, as to be confined to her room, for several days; cups were, at this time, freely applied to the tumour, warm fomentations constantly used, some purgative medicines administered, and a bandage afterwards worn for some time. From all these remedies, she derived no benefit, and her symptoms were gradually aggravated. For the first time, she was now obliged to have recourse to a crutch, and, even with the aid of it, could with difficulty move about the house. On the 15th October last, while going up stairs, she fell upon the leg, and "felt it give way;" from which time, she was unable to stand upon it, and the least motion gave her excruciating pain. On the following week, she entered the hospital, at which time, her condition was as follows. The thigh, from the knee-joint, to within three inches of the groin,—a space of nine inches,—was occupied by a tumour, of an ovoid shape, the anterior semi-circumference of which was inferior in size to the posterior. The dimensions of the diseased limb, as compared with the healthy, were the following:

	Inches in circumference.
One inch above the knee,	19
At the middle of the thigh,	24
Three inches from the groin,	17

The healthy limb measured at these points, 12; 16, and 17 inches, respectively.

The tumour, when handled, offered an obscure feeling of fluctuation, and an indistinct crepitus could be perceived. There was no alteration in the colour of the skin, which was very hot, and did not appear to have contracted unnatural adhesions with the tumour. Cold lead water was ordered to be kept constantly to it; a purgative, every other day; and an opiate, at night, at which period, there was a slight paroxysm of hectic fever. Up to the 15th October, her general health had been perfect. It may be remarked, that she complained of more pain in the ankle, which was perfectly healthy, than in the tumour, in consequence, probably, of pressure on the nerves supplying that part.

Wednesday, 15th November. she was introduced into the amphitheatre, present Drs. Randolph, Harris, Norris, and Barton. DR. RANDOLPH gave it as his opinion, that the disease was probably *Fungus Hæmatodes*; but, as the inguinal glands did not appear to be at all affected, and the woman enjoyed a good constitution, which was unimpaired, except during the short time she had laboured under hectic fever, a removal of the limb was justifiable, as it afforded the only chance of prolonging life. The patient's sufferings were so great, that she was very anxious to have something done for her relief.

Previous to the operation, in order to ascertain the contents of the tumour, an opening was made into it with a lancet, from which a large discharge of blood took place. The wound was closed with lint, after which, Dr. Randolph proceeded to perform the amputation. A circular incision was made, and the skin to form the flap appearing perfectly healthy, it was dissected from the tumour, below. The bone was sawed three inches from the groin. The muscles, when cut, were of a paler colour than natural. Eight ligatures were applied.

Dr. R. stated to the class, that, from the appearance of the stump, he had little hope of a permanent cure taking place, as it was probable the disease had progressed so far, as to involve the neighbouring tissues. The tumour, when opened, was found filled with cells, containing a greenish fluid, with but little odour. The solid parts of the tumour were composed of a whitish medullary substance, with numerous spicula of bone in it. It appeared to have grown from the bone, and was six inches in length, and five in width. The femur itself had the appearance of having been grated away, for a distance of an inch in length, and had the sides of the two extremities rubbed off for two inches. This accounts for the crepitus, which was heard, at the woman's admission, and it is probable that a fracture occurred, upon the receipt of the last injury, above mentioned.

The patient was discharged on the 10th of January, the stump having healed, except for the space of a quarter of an inch, and the woman being anxious to be at home. I visited her four days after, and found the stump perfectly firm. She has since menstruated with regularity, suffers no pain, and enjoys excellent health. Even should a return of the disease take place, the advantage of an operation is most satisfactorily shown, as the woman

would otherwise have been, in all probability, worn out before this, by the disease.

March 8th. Visited the patient to-day, more than sixteen weeks since the operation. There is no appearance whatever of a return of the disease, and the woman enjoys perfect health. Any future change in her condition will be reported.

J. M. WALLACE, M. D. Resident Surgeon.

Operation for double Hare-Lip, in an adult. By THOMAS HARRIS, M. D., Surgeon to the Hospital.

Francis Farrel, an Irishman, 25 years of age, was admitted into the hospital 10th February, for this congenital malformation.

It was hereditary, his mother having had a single fissure, extending through the soft and hard palate.

Wednesday, 14th February. Dr. Harris performed the operation on both sides at the same time. He used a pair of scissors, in cutting the edges of the lip. Two long silver needles were then passed through the three portions of the lip, which were retained in their place, by the usual ligature.

Two days after the operation, erysipelas, and some sloughing of the lower edges of the incisions, on the inner side, took place. On the third day, hemorrhage, to the amount of three ounces, came on, which was checked by the application of dry lint. This was repeated several times, weakening the man so much, as to require the exhibition of stimuli. The pins were removed, one on the fourth, the other on the fifth day, and the man was discharged on 3d March, seventeen days after the operation. Owing to the sloughing, there still remained two fissures, of about two lines in depth. The man declined remaining for further relief.

Operation for congenital Phymosis. By THOMAS HARRIS, M. D.

This case was that of a lad, seventeen years of age. Dr. Harris cut off a quarter of an inch of the prepuce, and afterwards slit up the internal membrane with a bistoury. The inner and outer edges were then stitched together by several sutures, and a single dressing applied. Discharged, cured in four weeks.

List of Accidents admitted into the Pennsylvania Hospital, from February 14th to March 8th, 1838.

One extensive burn of the back, treated with poultice and simple cerate; one wound of the face; one dislocation of the humerus into the axilla, reduced in half a minute, by Dr. Wallace, with the heel in the axilla, and, in addition to the usual extension, the head of the bone being drawn *outwards*, by a towel, passed under it; one contusion of the thigh; one case of poisoning from $\frac{3}{4}$ vi laudanum, on an empty stomach,—the stomach tube was applied two hours and a half afterwards, V. S. ad $\frac{3}{4}$ xx, practised, under which the pulse rose, and the man being comatose, flagellations were resorted to successfully, to rouse him. One severe wound,

of the foot, from a broadaxe, dividing the metatarsal bones of the great and second toes, and opening the anterior tibial artery and plantar arch. Six ligatures were applied, the edges of the wound drawn together, and the limb elevated. The injury was inflicted 12 hours previous to the man's admission, and it had been dressed merely with a tight bandage. One fracture of the radius, just above the wrist joint, which was brought in, dressed with splints, from the fingers to just above the fracture. In consequence of the severe pressure from the swelling which followed this dressing, sloughing occurred over the wrist joint, which complicated the case materially.

The burn of the back, reported in No. 4, has been discharged cured by Goulard's cerate, in three weeks. The incised wound, reported in same number, cured in four weeks.

List of Amputations in the Pennsylvania Hospital, from March 1837, to March 1838, with the results.

(Reported by H. H. SMITH, M. D., Res. Sur.)

April 8th.—Amputation of the thigh, for caries of the bones of the leg, (involving the knee joint,) and sloughing ulcer; died three days after. *Sept. 11th.*—Amputation of the arm, above the elbow, for a simple fracture of the end of the radius, rendered compound by a tight bandage, previous to his admission; union nearly perfect three weeks after, and a ring of bone from the humerus exfoliated during the cure—discharged cured, November 25th. *Sept. 26th.*—Amputation of the fore-arm, for caries of the wrist, ligatures remained till the end of the fourth week—discharged cured, 27th November. *Oct. 28th.*—Amputation of the fore-arm, for a gunshot wound of the hand, opening the wrist joint; discharged at his own request, November 30th—the stump healed a month after, considerable exfoliation of bone having taken place during the cure. *Nov. 15th.*—Amputation of the thigh, near the groin, for fungus hæmatodes, (reported at length in this number of the Examiner,) discharged January 10th, 1838. *Nov. 17th.*—Amputation of the shoulderjoint, for extensive laceration in machinery; reaction never complete, died three days after. *Jan. 24th, 1838.*—Amputation of the leg, below the knee, for caries of tarsal bones, (reported at length in No. 4,) cured Feb. 21st.

DOMESTIC SUMMARY.

A new treatment in a case of Anchylosis. By J. RHEA BARTON, M. D.

The February number of the *American Journal of the Medical Sciences*, contains an interesting article on a new method of treating anchylosis, by Dr. J. Rhea Barton. We subjoin a brief summary of the case. The patient when nine years of age, had a violent attack of inflammation in the knee joint, which occasioned the "destruction of the synovial membranes, the ligaments, cartilages, and, in short, every structure appertaining to the joint," and terminated in true anchylosis, the bones of the leg and thigh having become united.

"The loss of the articulation of the knee, did not

constitute the sadness of the case. It was caused by mal-position of the limb; the leg having been flexed upon the thigh to a degree somewhat less than a right angle." In this condition the patient suffered for sixteen years, when he repaired to this city, and on the 27th of May, 1835, the following operation was performed for his relief. "Two incisions were made over the femur, just above the patella. The first commenced at a point opposite the upper and anterior margin of the external condyle of the femur, and, passing obliquely across the front of the thigh, terminated on the inner side. The second incision commenced also on the outer side, about two and a half inches above the first, and passing likewise obliquely across the thigh, terminated with the other at an acute angle. By these incisions were divided the integuments, the tendon of the extensor muscles of the leg, at the insertion into the upper part of the patella, and some of the contiguous fibres of the rectus and crureus muscles themselves, a greater part of the vastus internus, and a portion of the vastus externus muscles. A flap, composed therefore of this structure, was elevated from the femur close to the condyles. The soft parts were next detached from the outer side of the bone, from the base of the flap towards the ham, by passing a knife over the circumference of it, so as to admit of the use of a saw. The flap being turned aside, a triangular or wedge-like piece of the femur was easily removed by means of a small narrow bladed saw. This wedge of bone did not include the entire diameter of the femur at the point of section; so that a few lines of the posterior portion of the shaft of the bone remained yet undivided. By slightly inclining the leg backward these yielded, and the solution was complete. This mode of effecting the lesion of the bone was designedly adopted, and constituted what I conceived to be a very important measure in the operation. Important, because it rendered the popliteal artery free from the danger of being wounded by the action of the saw, and subsequently the interlocking of the fractured surfaces tended to retain the extremities of the divided bone in their positions until the harshness of their surfaces had been overcome either by the absorption of their angles, or by the deposition of new matter upon them—a change essential to the safety of the artery during the subsequent treatment of the case. Not a blood vessel was opened which required either ligature or compression. The operation, which lasted about five minutes, being thus ended, the reflected flap was restored to its place, the wound lightly dressed, and the patient put to bed, lying on his back, with his limb supported on a splint of *an angle corresponding to that of the knee previous to the operation.* This position was maintained until it was believed that the asperities of the bone had become blunted, and were not likely by their pressure to cause ulceration of the artery beneath them. This first splint was then removed, and another having the angle slightly obtuse, was substituted. In a few days a third splint, with the angle more obtuse than that of the second, supplied its place. Others varying in degrees of angularity, in like manner came in their turn to support the limb until it had obtained a position almost straight. It was then unchangeably continued in that line until

the contact surfaces of the bone had united and securely fixed the limb in this the desired direction. During the treatment of the case, especial care was bestowed in protecting the popliteal vessels against any injurious encroachment upon them; with that view, all antagonising pressure on the soft parts in the ham was carefully avoided. The limb was rested on two long bran bags laid upon the splint, with their ends apart, a vacancy of four or five inches being left between them opposite the lesion of the bone. This interspace was lightly filled with carded cotton, so as to afford a safe support."

The constitutional symptoms which followed the operation were those commonly attendant upon compound fracture, but were never alarming. The cure occupied four months. The straightening of the limb was accomplished in two, and complete consolidation of the bone did not take place until the end of the fourth.

The report of the operation was designedly delayed, in order that the result might be entirely satisfactory. A letter dated November 6th, 1837, written by the patient is appended to the case, in which he tells us that the "operation has been *completely successful*." The patient experiences no inconvenience, except from a stiff joint, walks without stick or other aid, with the sole of the foot to the ground, and with but a slight limp. The leg and foot have increased in size, and are nearly equal to their fellows.

Medical Schools.—From catalogues lately issued, we note the number of matriculants in various Medical Schools, for the present sessions, to be as follows: 380, in the University of Pennsylvania; 227, in the Lexington Transylvania University; 122, in the Cincinnati Medical College; 100, in the Louisville Medical Institute; 82, in the Harvard University; and 80, in the Medical College of Ohio. From a report lately published, this latter institution seems to be in a prosperous condition.

Mortality in Philadelphia for 1837.—The deaths in the City and Liberties of Philadelphia, during the year 1837, were 5202, of whom 2755 were males, and 2447 females. There are reported as having died from consumption of the lungs 748, nearly one sixth of the whole number. Allowing for inaccuracy of report, and the probability that many diseases of the lungs not tuberculous are included under this head, the preponderance is still overwhelming, when we see the next highest in the list, convulsions, only 294. From scarlet fever 205 deaths occurred, from small pox 79, from measles 49, from varioloid only 2.

FOREIGN SUMMARY.

Case of Atresia Vaginæ.—In the Journal des Connaissances Medico-Chirurgicales for December, is reported a case of complete occlusion of the vagina, discovered in a woman in labour with her second child. This woman had been successfully delivered of a first child; but, owing to erosions in the vaginal parietes from unskillful manipulations, by a midwife, and perhaps to lacerations made by the passage of the child's head, an occlusion ap-

pears to have been formed. This was detected by the midwife's finding her finger, in attempting an examination per vaginam, arrested by a cul-de-sac near the middle of that canal. The reporter of the case, Dr. Steinbrenner, being called in, was able to introduce his finger into the vagina, for the distance of two inches and a half, when it encountered a cul-de-sac, without an opening, at the bottom of which he distinguished a sort of raphe resembling a linear cicatrix from before backwards, evidently the result of an agglutination of the walls of the vagina. Back of this, a fluctuating mass could be felt, owing to the accumulation of the waters of the amnion, and to the head of the foetus, which was free in the superior strait. The thickness of the posterior wall of the cul-de-sac seemed to be about two or three lines. The pains being strong and frequent, a slight bleeding was ordered, the rectum emptied by an injection, and it was determined to trust to the powers of nature. Two hours after, as the operator was preparing to practise an incision to effect the delivery, a violent pain supervened, and produced a rupture in the superior extremity of the cicatrix, through which the little finger was introduced and the opening extended. With the index finger all unnatural adherence between the walls of the vagina was broken up, and, in a few minutes, the woman was delivered of a living healthy child. No inflammatory symptom was afterwards manifested in the region of the vagina, and the woman has been since delivered without any similar obstacle, of a third child.

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M. CLYMER, M. D.

J. B. BIDDLE, M. D.

Office No. 230 Spruce street, between Sixth and Seventh sts. south side.

March 14, 1838.

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